3800-FM-BPNPSM0437 3/2012



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

SUPPLEMENTAL REPORT - HAULED IN MUNICIPAL WASTES

Municip Waters	pality: Fo	x Towns	hip	ervice Greentree L	County:	Elk		Renewa	Permit No.: Properties of the	ue 180 day		expiration		
			SEPTAGE		•	SLUDGE				cify):			DAILV T	OTALS
Day	Collons	BOD₅	BOD ₅ (lbs)	Disposal	Callana	BOD₅ Gallons (mg/l)		Disposal	OTHER (specify): BOD ₅ BOD ₅ BOD ₅ Disposal				DAILY TOTALS BOD ₅ Gallons (lbs)	
1	Gallons	(mg/l)	(IDS)	Location	Gallons	(mg/i)	(lbs)	Location	Gallons	(mg/l)	(lbs)	Location	Gallons	(lbs)
2														
3														
4														
5														
6														
7														
8														
9														
10														
11 12											1			
13			1						1		1			
14						+					1			
15			1											
16														
17														
18														
19														
20														
21														
22														
23														
24 25											1			
26			1						1		1			
27														
28			1											
29														
30														
31														
Avg												Monthly Totals:		
nformat of my k violation	tion submitte nowledge ar is. See 18 F	ed. Based and belief, to a. C.S. § 4	on my inqui rue, accurat 4904 (relatin	ry of the person or p	persons who ma am aware that t ation).	anage the s here are si	ystem or t gnificant p	n in accordance with hose persons directly enalties for submitting Signatur	responsible for g false informati	gathering the on, including	e information the information in the possi	on, the information s	ubmitted is, t	o the best
	Title:							Date:						

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

SUPPLEMENTAL REPORT SEWAGE SLUDGE / BIOSOLIDS PRODUCTION AND DISPOSAL

Facility Na Municipali Watershe	ty: Fox Town		rice Greentree L			Month: Year: NPDES Permit No.: PA0103446 Renewal application due 180 days prior to expiration This permit will expire on June 30, 2018						
☐ Check				PRODUCTION INFORM	IATION (Identify	each off-site rem	noval event and incineration e	event)				
Date		wage Sludge/l lauled Off-site			wage Sludge/Bi uled Off-site	osolids		Sewage Sludge/Biosolids watered and Incinerated On-site				
	Gallons	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons	Tons Dewatered	% Solids	Dry Tons			
		TOTAL:			TOTAL:			TOTAL:				
				SOLIDS AND INCINERA	TOR ASH DISP	OSAL AND BENE	FICIAL USE INFORMATION					
	Site Name		(lacitary an or	ico micro demago diade	jorbiocondo or c	word dispose	и от шти иррпои)					
<u>N</u>	Municipality County											
	P Permit No.											
	e of Material* Applied/Disp	osed										
Type	of Disposal/Us lauler Name	e*										
	uctions for expl	anation		<u> </u>			<u></u>					
information of my knov	submitted. Base ledge and belief	ed on my inquiry of true, accurate a	of the person or p	ersons who manage the sysum aware that there are sign	stem or those perso	ons directly responsib	n designed to assure that qualifie ble for gathering the information, the formation, including the possibility	e information sub	mitted is, to the be			
Pre	pared By:				-	Signature:						
Titl	e:				-	Date:						

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

SUPPLEMENTAL REPORT - CHEMICAL ADDITIVES USAGE

lunicipality /atershed											Month: Year: NPDES Permit No.: <u>PA0103446</u> Outfall No.: Renewal application due <u>180 days</u> prior to expiration This permit will expire on June 30, 2018					
							Ch	emical Nam	es*							
Day																
-	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs	gallons	lbs
1																
3			1													
4																
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Average Iaximum																
											<u> </u>					
ertify und ormation s my knowle	er penalty of submitted. I be and b	of law tha Based on elief, true	it this docum	nent was p of the perso nd complet	n or persons e. I am awa	er my directi who manage	on or supervertee the system	vision in acc	cordance wit	h a systen y responsib	n designed to ble for gatheri	assure that	nation, the i	nformation	gather and e submitted is, nprisonment	to the be
Prep	ared By:								Signatu	ıre:						
Title									Date:							

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COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

NON-COMPLIANCE REPORTING FORM

Use this supplemental form to report all permit violations and any other non-compliance that may endanger health or the environment, in accordance with your permit. Complete all sections that apply. If you are reporting violations of permit limits, monitoring requirements or schedules that do not pose an immediate threat to health or the environment, you may attach this form to the Discharge Monitoring Report (DMR). Title 25, Pa. Code §§ 91.33 and 91.34 (regarding incidents causing or threatening pollution and activities utilizing pollutants, respectively), in part requires immediate notification by telephone to the Department of pollution incidents, remediation, and may require an additional report on the incident or plan of pollution prevention measures. If you are reporting other non-compliance events, and the reporting deadline does not coincide with your submission of the DMR, it should be submitted separately to the Department by the reporting deadline set forth in the permit. See instructions for more information.

Facilit	y Name:	Adv	anced Disposal S	Service Greentr	ee Land	fill		Month	ո:		Year:		
Munic	Municipality:		Township		County: Elk				it No.:	PA0103446			
	Violatio	ns of	Permit Effluent	Limitations*									
	Date)	Parameter	Permit Limit	Units	Statistical Code	Result	Units		Cause of Violation	on	Corrective A	
	Sanitary	/ Sew	er Overflows an	d Other Unaut	horized	Discharges*	*						
	Event D	ate	Substance Discharged	Locatio	Location		Duration (hrs)	Receiving Waters		Impact on Waters Cause of		Discharge	Date DEP Notified
	Other P	ermit	Violations*						l.				
		Samp Violat	ole collection less ole type not in cor tion of permit sch	mpliance with p	•	Expl Expl	ain ain						
		Other Other					alli						
* If th	ne space	prov	vided is not sı	ufficient to re	ecord a								
I certify informa my kno	under pen ation submitt owledge and	alty of ted. Ba belief	law that this docur	ment was prepare the person or per complete. I am	d under r sons who aware tha	ny direction or manage the sy	supervision in a stem or those pe	accordance with ersons directly res	a syste	em designed to assure le for gathering the info formation, including the	rmation, the info	rmation submitte	ed is, to the best of
			Prepared By:					Signature:	_				
			Title:					Date:	_				



COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION BUREAU OF POINT AND NON-POINT SOURCE MANAGEMENT

SUPPLEMENTAL LABORATORY ACCREDITATION FORM¹

Permittee Name:	Advanced Dis	sposal Service	Greentree Land	fill, LLC									
Address:	635 Toby Roa	ad											
	<u>Kersey, PA 15846-1033</u>												
	PERMIT N	UMBER		MONITORING PERIOD Year/Month/Day									
	PA0103	3446			то								
PARAMET	ΓER	ANALYS	IS METHOD	LAB NAM	E	LAB ID NUMBER ²							
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I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibly of fine and imprisonment for knowing violations.													
Name/Title Princ	cipal Executiv	e Officer	Phone:	Sigr	Signature of Principal Executive Officer or Authorized Agent								
			Date:										

¹ Submit this form with the first Discharge Monitoring Report (DMR) or Annual Report, where sample results are submitted to the Department for compliance purposes. You do not need to send this form to the Department again UNLESS there has been a change to the lab(s), parameter(s) or method(s) of analysis.

² For parameter(s) covered under accreditation-by-rule, submit the lab's registration number in lieu of an accreditation number.